FALL 2015

The Financial Assistance Program (FAP) at the American University of Afghanistan (AUAF) is available to assist those students who demonstrate genuine financial need. The university's resources for such financial aid are limited and vary for each semester. This means that students must reapply once each year for financial assistance.

Financial Assistant Program Overview:

- Each student or family must contribute financially to the cost of their university education.
- All financial applications, reviews, and awards are confidential. All award decisions may be appealed.
- Criteria used in evaluating financial aid include: test scores, academic records, gender and extent of financial need.
- Financial Assistance Application forms are valid only for one academic year, unless otherwise instructed by Student Finance Office. There is no guarantee of financial assistance for the duration of a student's time at AUAF.
- Only full time (minimum of nine credits each semester) students are considered for financial assistance.
- Students must show steady improvement in all courses to be considered for recurring financial aid over the time of their study at AUAF. Students with GPAs in the UG program of less than 2.00 are not eligible to receive financial assistance.
- All day students that are found eligible for financial assistance can apply for the Work Study program, which allows students to work to offset the cost of their education.
- Financial assistance cannot be transferred to other students or family members.
- Misrepresenting financial figures on this form will result in the immediate cancellation of all aid as well as penalties up to expulsion from the university.
- In order to ensure accuracy, AUAF may contact the central government, employers, friends and relatives.
- House visits may be scheduled as necessary to further assess financial need.
- You should not have any outstanding balance as of date of submission of this application, in case of any outstanding balance, your application will not be accepted.

Instructions:

1. Application Deadline: **Thursday, August 20, 2015**
2. Please read and review the form carefully before you complete it. All fields must be filled.
3. All payments are processed in AFN only.
4. If a question does not apply to you, mark it N.A.
5. If you are unable to complete any section of the application or send any of the required documentation, please explain accordingly in your application.
6. Failure to submit documents necessary to validate financial need may result in a lower financial aid package.
7. Submitting an incomplete application without the required documentation will cause your application to be delayed or denied.

Confidentiality. Information provided to AUAF on this application or in the supporting documents is used solely by the Financial Aid Committee to determine and award aid. All information is kept strictly confidential.

False information. Providing false information on this form will result in the immediate cancellation of all aid and may result in expulsion from the university without the right of appeal.
Documents Required – CHECKLIST

1. Original employment contract(s) for job(s) held by each earning member of the family clearly stating occupation, job title, years of service, and number of months for which they received a salary.

2. Photocopies of all documents for all vehicles owned by members of the family, including the applicant.

3. Bank account statements for all employed family members and applicant. All statements must be from the most current month.

4. Certificates of ownership and rental for all property (homes, apartments, businesses or land).

5. Any additional document that would support the application.

Address
American University of Afghanistan
Darulaman Road
Kabul, Afghanistan

Contact
+93(0)794-558-926
Email: st.finance@auaf.edu.af

Website: www.auaf.edu.af

For official use only:
Application Received by:

Employee Name: ________________________  Student ID: ________________________

Signature: ____________________________  Date: ____________________________

I certify that all the information provided in this sheet is complete and true. Student’s ID & Signature: ________________________
Application for Financial Assistance

PART I. STUDENT INFORMATION

Student ID Number: ____________

Student GPA/Test Score: ____________

What is your intended field of study?

☐ Business Administration  ☐ Information Communication Technology

☐ Political Science & Public Administration  ☐ Law

Full Name: ____________________________

Last name  First name  Other name

Gender:  ☐ Male  ☐ Female

Marital status:  ☐ Single  ☐ Married  ☐ Widowed  ☐ Divorced

Address: ____________________________ / ____________________________ / ____________________________

Area  Street  City

Nationality: ____________________________  Province: ____________________________

E-mail: ____________________________ / Cell phone: ____________________________

Name of the High School  Address of High School  Province

Are you:  ☐ First Time Student:  ☐ Returning Student:  ☐ Transfer Student:  ☐

Previous College or University Attended: ____________________________  Expected Graduation Date: ________

Do you live in AUAF dormitory?  ☐ Yes  ☐ No

Please provide a list of countries you have visited in the last ten years and the purpose of the trip:

1. Country: ____________________________  Purpose: ____________________________

2. Country: ____________________________  Purpose: ____________________________

3. Country: ____________________________  Purpose: ____________________________

I certify that all the information provided in this sheet is complete and true. Student's ID & Signature: ____________________________

Page 3 of 9
Current work Status:  □ Employed  □ Self-Employed  □ Unemployed

Job title: ___________________________ Employer's name: ___________________________

Employer's Address ___________________________ Director's Name: ______________________

E-mail: ________________________________ Cell Phone: ________________________________

Are you currently paying taxes to the Government of the Islamic Republic of Afghanistan? □ Yes □ No

If no, why not? _______________________________________________________________________

**PART II. FAMILY INFORMATION**

List all family members sharing the same household:

<table>
<thead>
<tr>
<th>No.</th>
<th>Full Name</th>
<th>Relationship to the student</th>
<th>Occupation</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>9</td>
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<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Spouse's full name: ___________________________/ ___________________________/ ___________________________/ Other name (i.e. Tribal Name)

Current work Status:  □ Employed  □ Self-Employed  □ Unemployed

Occupation: ___________________________ Employer's name: ___________________________

Employer's Address ___________________________

E-mail: ________________________________ Cell Phone: ________________________________

□ Unemployed (state reasons): _______________________________________________________

I certify that all the information provided in this sheet is complete and true. Student’s ID & Signature: ____________________________
2. Father’s full name: ____________________________________________
   Last name __________________________ First name __________________________

   Current work Status:  □ Employed  □ Self-Employed  □ Unemployed

   Occupation: ___________________________ Employer’s name: ___________________________

   Employer’s Address ___________________________

   E-mail: ___________________________ Cell Phone: ___________________________

   □ Unemployed (state reasons): ___________________________

3. Mother’s full name: ___________________________

   Current work Status:  □ Employed  □ Self-Employed  □ Unemployed

   Occupation: ___________________________ Employer’s name: ___________________________

   Employer’s Address ___________________________

   E-mail: ___________________________ Cell Phone: ___________________________

   □ Unemployed (state reasons): ___________________________

PART III. FINANCIAL INFORMATION

   Student’s income: ___________________________ AFN per year

   Spouse’s income (provide a copy of the contract): ___________________________ AFN per year

   Father’s income (provide a copy of contract): ___________________________ AFN per year

   Mother’s income (provide a copy of contract): ___________________________ AFN per year

   Income of other family members sharing household (enter below with the name of the relative):
   ___________________________ ___________________________ AFN per year
   ___________________________ ___________________________ AFN per year
   ___________________________ ___________________________ AFN per year

   Total student and family income (Figure & Word): ___________________________ AFN per year

I certify that all the information provided in this sheet is complete and true. Student’s ID & Signature: ___________________________
Assets

1. Family/Personal Properties (indicate who owns the property):

<table>
<thead>
<tr>
<th>Location</th>
<th>Estimated Present Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>House(s)</td>
<td>_______________________</td>
</tr>
<tr>
<td>Business</td>
<td>_______________________</td>
</tr>
<tr>
<td>Land</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

2. Family/Personal Vehicle(s)

<table>
<thead>
<tr>
<th>Owner</th>
<th>Model / Year</th>
<th>Estimated Present Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________</td>
<td>____________</td>
<td>_______________________</td>
</tr>
<tr>
<td>2. ______________</td>
<td>____________</td>
<td>_______________________</td>
</tr>
<tr>
<td>3. ______________</td>
<td>____________</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

3. Personal Laptop

<table>
<thead>
<tr>
<th>Owner</th>
<th>Model / Year</th>
<th>Estimated Present Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________</td>
<td>____________</td>
<td>_______________________</td>
</tr>
<tr>
<td>2. ______________</td>
<td>____________</td>
<td>_______________________</td>
</tr>
<tr>
<td>3. ______________</td>
<td>____________</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

4. Cash Savings

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>____________</td>
</tr>
<tr>
<td>2.</td>
<td>____________</td>
</tr>
</tbody>
</table>

Total value of all Assets: ________________________________ AFN

How much outstanding balance do you have as of submission of this Application: ____________

I certify that all the information provided in this sheet is complete and true. Student’s ID & Signature: ________________________________
How much will the student, employer, family or others contribute towards tuition?

(a) Self: ___________ AFN or ___ ___
(b) Employer: ___________ AFN or ___ ___
(c) Family: ___________ AFN or ___ ___
(d) Others: ___________ AFN or ___ ___

Which external organizations have you applied for or received financial aid from: 

What actions have you taken to financially prepare for the cost of university: 

Student Explanation of Special Circumstances: Use this space to explain any unusual expenses, other debts, or special circumstances that the institution should consider when it is deciding how much financial aid, if any, you will receive. Use additional sheets of paper if necessary.

I certify that all the information provided in this application is complete and true. I understand that any misrepresentation or omission on my part may result in cancellation and/or denial of admission and/or financial assistance. I understand that the American University of Afghanistan (AUAF) has the right to deny financial support to anyone whom it considers unqualified. Upon request, I am ready to provide AUAF with documents proving the information provided in this application is complete and true. I authorize AUAF to make any necessary inquiries for the purposes of evaluating my financial assistance application. I accept these terms and conditions.

Name of student: ______________________ Signature: __________ Date: __________

Name of parent(s): ______________________ Signature: __________ Date: __________

I certify that all the information provided in this sheet is complete and true. Student’s ID & Signature: ________________________________

Page 7 of 9
Dear Employer:

The American University of Afghanistan works hard to provide all students with the appropriate amount of financial assistance. In order to help our effort, we kindly request an official statement of salary for the above employee who has listed you as their employer. For your convenience, we have included a space (Section 2) at the bottom of this letter to be filled out by the student’s employer confirming his/her salary.

Sincerely,

Student Finance Office
American University of Afghanistan

Section 2

_______________________ is an employee of __________________________ in the

Name of Employee                  Name of Company

Position of _____________________ and earns an annual salary of ___________AFN.

________________________________________  ______________________________
Name of Authorized Company Representative   Date

________________________________________  ______________________________
Signature of Authorized Company Representative   Email address

________________________________________  ______________________________
Phone #

I certify that all the information provided in this sheet is complete and true. Student’s ID & Signature:____________________________
Income Verification Form (Sponsor/Family Member)

Dear Employer:

The American University of Afghanistan works hard to provide all students with the appropriate amount of financial assistance. In order to help our effort, we kindly request an official statement of salary for the above employee who has listed you as their employer. For your convenience, we have included a space (Section 2) at the bottom of this letter to be filled out by the student’s employer confirming his/her salary.

Sincerely,

Student Finance Office
American University of Afghanistan

Section 2

______________is an employee of ________________ in the
Name of Employee Name of Company

Position of ________________ and earns an annual salary of __________AFN.

Name of Authorized Company Representative

________________________________

Date

Signature of Authorized Company Representative

________________________________

Email address

________________________________

Phone #

I certify that all the information provided in this sheet is complete and true. Student’s ID & Signature: ____________________________